

<b>Case Number:</b>	CM15-0002012		
<b>Date Assigned:</b>	01/13/2015	<b>Date of Injury:</b>	03/24/2000
<b>Decision Date:</b>	03/09/2015	<b>UR Denial Date:</b>	12/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/05/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: New York  
 Certification(s)/Specialty: Internal Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 51 year old male, who sustained an industrial injury on 03/24/2000. He has reported low back pain and left knee pain. The diagnoses have included post lumbar laminect syndrome, lumbar radiculopathy, pain in joint lower leg, hand pain, knee pain, lumbosacral disc degeneration, and cervical pain. Treatment to date has included L5-S1 fusion, left ulnar decompression, arthroscopic knee surgery (2005), medications, conservative treatments and therapy, CT scans, x-rays, MRIs, EMG/NCS of the upper extremities, steroid injections. Currently, the IW complains of chronic low back pain and left knee pain, sleep disturbances and constipation with some noted success with use of Senekot and Colace; however, it is not helping enough with the constipation. On 12/15/2014, Utilization Review non-certified a prescription for Metamucil fiber single packets 3.4 gm #30, noting the concurrent use of Colace and Senekot for the treatment of opioid induced constipation. The MTUS was cited. On 01/06/2015, the injured worker submitted an application for IMR for review of Metamucil fiber singles packet 3.4 grams #30.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Metamucil fiber singles packet 3.4gm #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Management of Opioid Therapy for Chronic Pain Working Group. VA/DoD clinical practice guideline for management of opioid therapy for chronic pain. Washington (DC): Department of Veterans Affairs, Department of Defense; 2010 May. 159 p.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine: Indications for Fiber

**Decision rationale:** Psyllium fiber,(Metamucil) belongs to two groups of medications: bulk-forming laxatives and cholesterol-lowering medications. It is used to treat constipation, as well as mild to moderately high cholesterol (when taken with a low-fat diet). It can also be used as a fiber supplement. For the treatment of constipation, Psyllium Fiber works by absorbing water from the intestines to produce larger, softer stools. It usually works within 12 hours to 72 hours. The documentation indicates that the claimant is already maintained on Senekot and Colace for the treatment of opioid related constipation. There is no specific indication for the use of Metamucil in this case. Medical necessity for the requested item has not been established. The requested item is not medically necessary.